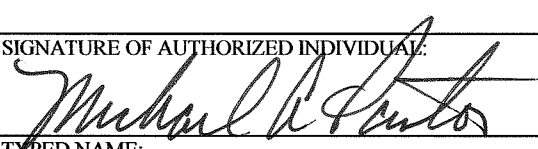

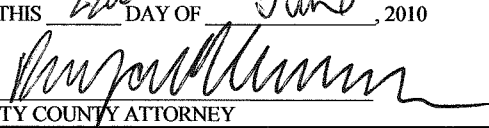
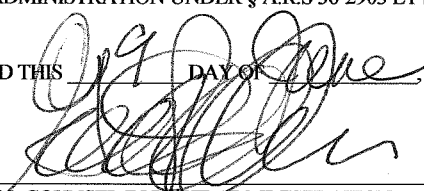


**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION
DIVISION OF BUSINESS AND FINANCE
INTERGOVERNMENTAL AGREEMENT AMENDMENT**

1. AMENDMENT NUMBER: 1	2. CONTRACT NUMBER: YH08-0080-01	3. EFFECTIVE DATE OF AMENDMENT: November 25, 2009	4. PROGRAM: DMS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center; padding: 10px;">Gila County 1400 E. Ash Globe, AZ 85501</div>			
6. PURPOSE: To revise rates and extend the term of the agreement for an additional twelve (12) months.			

7. The above referenced contract is hereby amended as stated below:

- A. Pursuant to Section 3.8.8., Page 14, Contract Term, the contract term is hereby extended for an additional twelve months through November 24, 2010.
- B. Change rates from Page 19, Attachment A (FY2009) to the rates as shown in Amendment #1, Attachment A (FY2010).

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. GILA COUNTY	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: MICHAEL A. PASTOR	TYPED NAME: MICHAEL VEIT
TITLE: CHAIRMAN, COUNTY BOARD OF SUPERVISORS	TITLE: CONTRACTS AND PURCHASING ADMINISTRATOR
DATE: 7/27/10	DATE: JUNE 9, 2010
11. IN ACCORDANCE WITH STATE STATUTES, COUNTY RULES, AND BYLAWS, THIS AGREEMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAS DETERMINED THAT THIS AGREEMENT IS IN APPROPRIATE FORM AND IS WITHIN THE POWER AND AUTHORITY GRANTED TO THE COUNTY. DATED THIS <u>22nd</u> DAY OF <u>June</u> , 2010 BY  DEPUTY COUNTY ATTORNEY	12. IN ACCORDANCE WITH § A.R.S. 11-952, THIS AMENDMENT IS IN PROPER FORM AND IS WITHIN THE POWER AND AUTHORITY GRANTED TO THE ADMINISTRATION UNDER § A.R.S 36-2903 ET SEQ. AND §36-2932 ET SEQ. DATED THIS <u>09</u> DAY OF <u>June</u> , 2010  LEGAL COUNSEL FOR THE ADMINISTRATION

AHCCCS

Administrative Annual Cost Estimates for Gila County Medicaid Eligible Inmates FFS Project IGA SFY10

Claims	Electronic 17%	Paper 83%	Total Fund 100%	County Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Emergency Transport/Hospital	1	2	10	12	
DFSM Cost per Claim	\$ 0.73	\$ 1.32			
ISD Cost per Claim	\$ 2.01	\$ 2.03			
		10%			
Concurrent Review	Est. Cost	Increase	Current Cost		
Estimated cost per case	2 \$111.40	\$10.13	\$101.27		
Estimated number of HSAG reviews	3 2				
Claims Processing costs:					
DFSM	\$1.45	\$13.18	\$14.63	\$7.32	\$7.32
ISD	\$4.03	\$20.29	\$24.32	\$12.16	\$12.16
Total Claims Processing Costs	\$5.48	\$33.48	\$38.96	\$19.48	\$19.48
Direct DFSM Labor for Gila Co Claims Processing			\$0.00	\$0.00	\$0.00
Direct ISD Labor for Gila Co Claims Processing			\$1,000.00	\$500.00	\$500.00
Concurrent Review Estimated costs:					
Cost for 2 reviews			\$222.79	\$111.40	\$111.40
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs			\$7,501.37	\$3,750.68	\$3,750.68
Postage	4		\$1.08	\$0.54	\$0.54
Data Center Charges @ \$.60/claim	5		\$7.20	\$3.60	\$3.60
Indirect at 10%			\$750.14	\$375.07	\$375.07
Total DBF Administrative Costs			\$8,259.78	\$4,129.89	\$4,129.89
Total Claims Processing Costs			\$9,521.53	\$4,760.77	\$4,760.77
DMS Eligibility Costs					
Application Processing Costs - DMS	6		\$294.00	\$147.00	\$147.00
Estimated Total Annual Costs for Program			\$9,815.53	\$4,907.77	\$4,907.77
Cost per Claim	7		\$799.40	\$399.70	\$399.70

¹ Actual number of claims may be higher. Number includes original, recoupment and adjustment claims.

² Estimate based on expected 10% increase. Actual costs will be a strict pass-through based on price negotiated on new contract.

³ Actual number may be higher or lower depending on Gila Co requirements.

⁴ Postage based on average cost per claim in FY08 times number of claims.

⁵ Data Center charges calculated at \$108/hour. Estimated 180/Claims per hour.

⁶ DMS Eligibility charges calculated at \$98/determination. Estimated 3 annual application/determinations.

⁷ Cost per claim does not include a cost for concurrent reviews